

# NYS 4-H Permission Slip

Information in this form will be used to help ensure a safe, positive experience for you and/or your child. Only Cornell Cooperative Extension and 4-H staff (including the event coordinator and medical director) will be able to view this form and information will only be used as needed.

Activity Date(s) and Location: \_\_\_\_\_ Activity Director: \_\_\_\_\_

## Participant Information (please print):

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Check one:  Youth  Adult Volunteer  CCE staff

If youth: Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Phone: \_\_\_\_\_

Address (city, state, and zip code): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Medical Release

### Family Medical and Hospitalization Coverage

Type of Insurance Coverage: \_\_\_\_\_ Subscriber of Policy: \_\_\_\_\_

Address of Insurance Company: \_\_\_\_\_ Identification/Policy #: \_\_\_\_\_

Family Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Medical History – please check all that apply

#### Medical Conditions

- Ear Infections
- Rheumatic Fever
- Convulsions
- Diabetes
- Asthma
- Other (specify): \_\_\_\_\_

#### Allergies

- Hay Fever
- Insect Stings
- Ivy Poisonings
- Penicillin
- Other (specify): \_\_\_\_\_

#### Food Allergies/Dietary Restrictions

- Peanuts
- Milk
- Eggs
- Tree Nuts
- Seafood/Shellfish
- Gluten Products
- Other (specify): \_\_\_\_\_

Date of Last Tetanus Booster: \_\_\_\_\_

Current Prescribed Medication (specify): \_\_\_\_\_

The nurse/medical director will inventory and collect all medications (with the exception of epi pens and inhalers) at registration, and keep them locked at the nurse's office. As needed, participants will request their medication from the nurse for self-administration. Any need for assistance (e.g., injection) will be referred to Gannett Health Center.

Please specify any other health concerns, physical activity restrictions, and/or any other information you want 4-H staff and chaperones to be aware of on behalf of your child's welfare.

### Parent/Guardians

- I understand that I will be notified in case of serious injury or illness. However, in the event that I cannot be reached, I hereby give permission for my child named above to be medically treated by a physician or medical facility as appropriate.
- I hereby give permission for the nurse/medical director to inventory, collect, keep all medications and supervise my child's self-administration for the duration of the event, as described above.

Initials: \_\_\_\_\_

### Adult Participants

I give my permission to be medically treated by a physician or medical facility as appropriate, in the event of an emergency or illness.

Initials: \_\_\_\_\_

### Photo Release

Cornell University is granted permission to use and/or publish my or my child's photograph or image (including: audio, film, digital image or any other media) for educational purposes on their respective websites or for the promotion of their respective programs. I understand that I/my child/ward are not being compensated in any way for the use of our images and that I/we do not have approval over the final product in which it appears. I hereby release Cornell Cooperative Extension, Cornell University, and all persons acting under their permission or authority from any and all claims or liability arising out of use of our images. This release shall bind our heirs, guardians, assigns, and legal representatives.

Check here if you **DO** consent.

Initials: \_\_\_\_\_

### Program Evaluation Consent.

Through participation in Cornell Cooperative Extension and 4-H programs, you or your child may be asked to complete a survey about their experiences in the program or activity. The New York State 4-H State Office at Cornell University regularly uses data collected from these surveys for evaluation efforts designed to inform our programming and to provide better, more meaningful educational experiences in the future. Participation in the survey is anonymous, voluntary, and there is no impact on program participation if someone refuses to complete a survey. A participant, parent, or guardian may withdraw consent at any time and a participant may refuse any survey request at any time.

Check here if you **DO** consent.

Initials: \_\_\_\_\_

### Permissions Granted

I hereby consent or give my child permission to fully participate (subject to the restrictions noted) in the Cornell Cooperative Extension activity on the date(s) and at the location(s) indicated above.

Parent/Guardian or Adult Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_